

Family Communications Plan

Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations.

Out-of-Town Contact Name	Telephone Number		
Email	Alternate Telephone Number		
Fill out the following information for each family member and	d keep it up to date.		
Name	Physicians Name		
Date of Birth	Telephone Number		
Social Security Number	Important Medical Information		
Name	Physicians Name		
Date of Birth	Telephone Number		
Social Security Number	Important Medical Information		
Name	Physicians Name		
Date of Birth	Telephone Number		
Social Security Number	Important Medical Information		
Name	Physicians Name		
Date of Birth	Telephone Number		
Social Security Number	Important Medical Information		
Name	Physicians Name		
Date of Birth	Telephone Number		
Social Security Number	Important Medical Information		

Dial 9-1-1 for Emergencies!



Family Communications Plan

Where to go in an emergency. Write down where your family spends the most time: work, school and other places

	WORK		
Address	Address		
Phone Number	Phone Number		
Neighborhood Meeting Place	Evacuation Location		
Regional Meeting Place	-		
SCHOOL Address	WORK Address		
Phone Number	Phone Number		
Evacuation Location	Evacuation Location		
SCHOOL Address	OTHER PLACE YOU FREQUENT Address		
Phone Number	Phone Number		
Evacuation Location	Evacuation Location		
SCHOOL Address	OTHER PLACE YOU FREQUENT Address		
Phone Number	Phone Number		
Evacuation Location	Evacuation Location		

OTHER IMPORTANT	PHONE NUM	IDEKO & INFC	KMATION

Pharmacist

Medical Insurance

Homeowners/Rental Insurance

Veterinarian/Kennel

IMPORTANT INFORMATION LINES

Department of Health and Human Services Information Line: (562) 570-4499

City of Long Beach Emergency Information Line:

on Line: (562) 570-5252

Long Beach Police Department Information Line:

(562) 570-5566

To report a suspected act of terrorism:

(562) 570-5593

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